

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Together Everyone Realizes Real Impact aka TERRI PAC

ADDRESS (number and street)

499 S. Capitol Street, SW

Suite 422

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525030

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Angerholzer, Lindsay, F, ,

Type or Print Name of Treasurer

Signature of Treasurer

Angerholzer, Lindsay, F, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Together Everyone Realizes Real Impact aka TERRI PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">37603.07</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">30400.32</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">21049.56</span>	<span style="border: 1px solid black; padding: 2px;">46549.56</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">51449.88</span>	<span style="border: 1px solid black; padding: 2px;">84152.63</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">15741.41</span>	<span style="border: 1px solid black; padding: 2px;">48444.16</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">35708.47</span>	<span style="border: 1px solid black; padding: 2px;">35708.47</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Together Everyone Realizes Real Impact aka TERRI PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

19500.00

45000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

19500.00

45000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1549.56

1549.56

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

21049.56

46549.56

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

21049.56

46549.56

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4241.41	8944.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4241.41	8944.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	19500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15741.41	48444.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15741.41	48444.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19500.00	45000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19500.00	45000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	4241.41	8944.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1549.56	1549.56
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	2691.85	7394.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFLAC PAC**

Mailing Address **WORLDWIDE HEADQUARTERS**  
**1932 WYNNTON ROAD**

City State Zip Code  
**COLUMBUS GA 31999**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**07 / 15 / 2016**

**Transaction ID : SA11C.4502**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING**

Mailing Address **1922 F STREET N W**

City State Zip Code  
**WASHINGTON DC 20006**

FEC ID number of contributing federal political committee. **C C70002407**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**08 / 26 / 2016**

**Transaction ID : SA11C.4504**

Amount of Each Receipt this Period

**1500.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. CME GROUP INC. PAC**

Mailing Address **20 SOUTH WACKER DRIVE**

City State Zip Code  
**CHICAGO IL 60606**

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**07 / 22 / 2016**

**Transaction ID : SA11C.4503**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**5500.00**

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

C

C00105981

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11C.4510

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

FEC ID number of contributing  
federal political committee.

C

C00030809

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11C.4511

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. OPPENHEIMERFUNDS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1295 STATE STREET

City  
SPRINGFIELD

State  
MA

Zip Code  
01111

FEC ID number of contributing  
federal political committee.

C

C00367920

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11C.4513

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW  
 8TH FLOOR

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	24	2016

Transaction ID : SA11C.4514

Amount of Each Receipt this Period

3000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA	State MN	Zip Code 55343
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	09	2016

Transaction ID : SA11C.4508

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 UNITED STATES STEEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 600 GRANT STREET, ROOM 669

City PITTSBURGH	State PA	Zip Code 15219
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	26	2016

Transaction ID : SA11C.4506

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

19500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary Beach

State  
FL

Zip Code  
32461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA15.4562

Amount of Each Receipt this Period

774.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary Beach

State  
FL

Zip Code  
32461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1549.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA15.4563

Amount of Each Receipt this Period

774.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1549.56

1549.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 422City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Compliance Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4516**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Angerholzer Broz Consulting**Mailing Address 499 S. Capitol Street, SW  
Suite 422City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Fundraising Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4517**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4557**

Amount of Each Disbursement this Period

455.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1005.69

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.4558**

Amount of Each Disbursement this Period

774.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.4559**

Amount of Each Disbursement this Period

774.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

**C****Transaction ID : SB21B.4560**

Amount of Each Disbursement this Period

774.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2324.34

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

**C****Transaction ID : SB21B.4564**

Amount of Each Disbursement this Period

455.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Pearl on Rosemary**

Mailing Address 63 Main St

City  
Rosemary BeachState  
FLZip Code  
32461Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.4561**

Amount of Each Disbursement this Period

455.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

911.38

**TOTAL** This Period (last page this line number only).....▶

4241.41

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. ANTHONY BROWN FOR CONGRESS**

Mailing Address 12138 CENTRAL AVE #671

City  
BOWIEState  
MDZip Code  
20721Purpose of Disbursement  
Political Contribution

Candidate Name

**BROWN, ANTHONY GREGORY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

**C** C00574640**Transaction ID : SB23.4540**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City  
OMAHAState  
NEZip Code  
68124Purpose of Disbursement  
Political Contribution

Candidate Name

**ASHFORD, BRAD, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

**C** C00557181**Transaction ID : SB23.4535**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAROL SHEA-PORTER FOR CONGRESS**

Mailing Address PO BOX 453

City  
ROCHESTERState  
NHZip Code  
03866Purpose of Disbursement  
Political Contribution

Candidate Name

**SHEA-PORTER, CAROL, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

**C** C00419978**Transaction ID : SB23.4541**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. COLLEEN DEACON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Mailing Address 118 JULIAN PL  
#208City  
SYRACUSEState  
NYZip Code  
13210Purpose of Disbursement  
Political Contribution

Candidate Name

**DEACON, COLLEEN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 24

Category/  
Type

FEC Identification Number

**C** C00588483**Transaction ID : SB23.4548**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ANNA THRONE-HOLST**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

Mailing Address PO BOX 6

City  
SOUTHAMPTONState  
NYZip Code  
11969Purpose of Disbursement  
Political Contribution

Candidate Name

**THRONE-HOLST, ANNA, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 01

Category/  
Type

FEC Identification Number

**C** C00578401**Transaction ID : SB23.4542**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HANABUSA FOR HAWAII**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

Mailing Address P.O. BOX 1416

City  
HONOLULUState  
HIZip Code  
96806Purpose of Disbursement  
Political Contribution

Candidate Name

**HANABUSA, COLLEEN WAKAKO, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

Category/  
Type

FEC Identification Number

**C** C00468413**Transaction ID : SB23.4534**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

	21b		22	<b>X</b>	23		26		27
	28a		28b		28c		29		30b

## Together Everyone Realizes Real Impact aka TERRI PAC

### A. LISA BLUNT ROCHESTER FOR CONGRESS

Date of Disbursement

FEC Identification Number

C C00590778

Transaction ID : SB23.4532

Amount of Each Disbursement this Period

1000.00

 Memo Item

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M / D D / Y Y Y Y  
09 28 2016

FEC Identification Number

C C00499053

Transaction ID : SB23.4536

Amount of Each Disbursement this Period

1000.00

Memo Item

Disbursement For: 2016

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

### C. RUBEN KIHUEN FOR CONGRESS

Date of Disbursement

FEC Identification Number

C	C00502773
---	-----------

Transaction ID : SB23.4549

Amount of Each Disbursement this Period

1000.00

Memo Item

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Together Everyone Realizes Real Impact aka TERRI PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE MURPHY FOR CONGRESS**

Mailing Address PO BOX 205

City  
WINTER PARKState  
FLZip Code  
32790Purpose of Disbursement  
Political Contribution

Candidate Name

**MURPHY, STEPHANIE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00620443**Transaction ID : SB23.4553**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

11500.00